

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

REC'D  
JUL 25 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <b>2279</b>  | 2. Fiscal Year Covered From:<br><br>1 / 1 / 2004 Through: 12 / 31 / 2004  |
| 3. Name and address of person filing.<br><br>Name Patrick Fagan<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street 1200 Gulf Lab Road<br><br>City Pittsburgh<br><br>State Pennsylvania ZIP Code + 4 15238 | 4. Name, file number, and address of labor organization.<br><br>Name Sheet Metal Workers Local #12<br><br>Labor Organization File Number 043-400<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 1200 Gulf Lab Road<br><br>City Pittsburgh<br><br>State Pennsylvania ZIP Code + 4 |
| 5. Position in labor organization. Business Representative  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

|   |  |
|---|--|
| 6. Name and address of Employer (including trade name, if any).<br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br>7.b. Amount. |
|---|--|

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Patrick Fagan*

On 7/13/2005

Date

412-828-5300

Telephone Number

Name of Person Filing Patrick Fagan

File Number U- 2279

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UPMC Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Chatham Center 112 Washington P

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219

## 14.a. Nature of payment.

July 27, 2004

Golf Outing, including lunch and refreshments.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

\$200

Name of Person Filing Patrick Fagan

File Number U-2279

## B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Yanni Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 310 Grant Street Suite 3000

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15219-2302

14.a. Nature of payment.

September 13, 2004

Golf Outing, including breakfast, lunch and dinner.

Also received a Golf Bag and a dozen Golf Balls

13.b. Is the Business an Employer

or Consultant ☒ ?

14.b. Amount of payment.

\$425

Name of Person Filing Patrick Fagan

File Number U-2279

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jubelirer, Pass &amp; Intrieri, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 219 Fort Pitt Boulevard

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

14.a. Nature of payment.

Christmas gift of food and beverage valued at \$75 from law firm who represents Sheet Metal Workers Local#12.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$75